



GATE 16 - 800 GRIFFITHS WAY T 604.676.9501
 VANCOUVER, BC F 604.899.5399
 CANADA V6B 6G1 AQUILINICENTRE.COM

Rental Application Form

**To ensure priority, we recommend that you bring a completed application form on tour.
 To book an appointment, please call 604.676.9501 or email rent@aquilinicentre.com.**
 All fields should be completed. Applications received with electronic signatures will not be processed.

PROPOSED RENTAL *(Please note pets are not permitted on the property)*

Preferred Building (circle)	Aquilini Centre West	Aquilini Centre South	
Preferred Suite #	\$ / month	Preferred Move-in-Date	
Alternative Suite #	\$ / month	Will you require parking?	Yes No

PERSONAL INFORMATION *(co-applicants and guarantors are required to fill out separate forms)*

Name of Applicant	
Co-Applicants Name for Reference (ie. roommate if applicable)	
Date of Birth (MM / DD / YYYY)	Social Insurance No. (optional)
Preferred Contact # () -	Email

TENANT HISTORY

Current Address	Apt#	Street	City/Town	Prov / Country	Postal
Start of Lease Term (MM / DD / YYYY)			End of Lease Term (MM / DD / YYYY)		
Monthly Rent \$			or Mortgage Payment \$		
Landlord / Manager's Name (or Lender's, if owned)					
Contact Number #					
Reason for Moving					

Previous Address	Apt#	Street	City/Town	Prov / Country	Postal
Lease Term (MM / DD / YYYY)			End of Lease Term (MM / DD / YYYY)		
Monthly Rent \$			or Mortgage Payment \$		
Landlord / Manager's Name (or Lender's, if owned)					
Contact Number #					
Reason for Moving					

Have you ever had Tenancy Dispute? Yes No **Have you ever been evicted?** Yes No



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EMPLOYMENT HISTORY

Current Employer

Position

Suite # Street City/Town Prov / Country Postal

Supervisor's/HR Name

Contact Number #

Annual Income \$

Worked from (MM / DD / YYYY) Worked to (MM / DD / YYYY)

Previous Employer

Position

Suite # Street City/Town Prov / Country Postal

Supervisor's/HR Name

Contact Number #

Annual Income \$

Worked from (MM / DD / YYYY) Worked to (MM / DD / YYYY)

ADDITIONAL INFORMATION REGARDING THE APPLICANT

Banking Institution

Location and Phone Number

Driver's License # Prov./State of Issuance Expiration Date

Name of Dependent(s) (i.e. Children)

Relationship to Applicant Dependent's Date of Birth

How did you hear about us? Craigslist Instagram Kijiji Property Signage Buzz Buzz Home Referral Facebook Other Twitter

What do you like best about Aquilini Centre?

I authorize the Landlord and/or its agents to conduct any credit, background and/or reference checks as the Landlord considers necessary to verify the accuracy of the information I have provided and to otherwise fully consider my rental application. This may include, but will not be limited to, reviewing credit reports, performing criminal records checks and making inquiries of any present or former employers or landlords about my income and/or rent payment history. I certify that I have never been evicted from a rental property and that I have not filed for bankruptcy within the past five (5) years. I understand that the Landlord retains full discretion to reject my rental application if I have provided any false information or if the Landlord acquires information which in its sole determination reflects unfavourably on my application. I consent to all present and past employers, landlords and other references disclosing any information requested by the Landlord consistent with the above authorization. I acknowledge that electronic correspondence, pertaining to or resulting from this application, may come from Aquilini Properties LP via rent@aquilinicentre.com and/or info@aquilinicentre.com, and hereby authorize and grant consent and permission with respect to same.

By checking this box, you agree to the terms mentioned above. Please print and sign.

Signature: _____ Date: _____